



P.O. Box 24328
Louisville, KY 40224-0328
(800) 693-8220
www.studentloanpeople.com

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Email: _____

Forbearance Request

This forbearance is an agreement between you and your lender to allow a temporary cessation in payments. During a period of forbearance, interest continues to accrue and must be paid or it will be capitalized (added to the principal balance). This will increase the total cost of the loan. Please read the terms and fill in the number of forbearance months needed in Section 1. Complete Section 2 and return the signed form to our office.

Section 1: Forbearance Terms (not to exceed 12 months for FFELP loans or 6 months for private loans).

This forbearance will cover your oldest date of delinquency, and will be in effect for _____ months. You will receive a new loan disclosure immediately prior to the expiration of the forbearance period. Regular payments will resume the month after this forbearance ends and continue on the account until paid in full.

Section 2: Borrower's Employment Data (Must be completed.)

Employer: _____ Total Monthly Income: _____

Address: _____ Phone: _____

Reason for request: ☐ Unemployment ☐ Economic Hardship

Spouse/Cosigner Employment Information (Required only for spousal consolidation or loans with a cosigner)

Employer: _____ Phone: _____

Private Loan Borrowers Only: If you have previously been granted 6 months of forbearance, your monthly payment must exceed 20% of your gross monthly income to be considered for a forbearance. You must also submit a copy of your most recent tax returns, W2, and a detailed list of revenue and expenses. Your forbearance *will be denied* without these *three* pieces of information.

I am requesting this forbearance and certify that the above statements are correct and complete to the best of my knowledge. I acknowledge that I have received and understand this request and intend to repay my FFELP and private (if applicable) loans.

Borrower's Signature: _____

Account Number/SSN: _____ Date: _____

Spouse/Cosigner Signature*: _____ Date: _____

* Required only for spousal consolidation or loans with a cosigner.

Return to: KHESLC
PO Box 24328
Louisville, KY 40224-0328
Fax to: (502) 329-7077